

Philadelphia Pengkulh Tlawng /School District of Philadelphia

Thupoimaw Tik I Pehzom aw theinak ding Catlap /Emergency Contact Form

		Nu maw Pa/Sex	phun/Grad)	/Khan/Phu/Cauk /Rm/Sec/Bk
Tlawngtlang nambar /Student ID	Tlawngtla min (Min hmannung, Min hmasa) /Student's Name (Last Name, First Name)		Suahni / DOB Thla/ Mo. Ni/Day Kum./Yr.	Tlawng nambar./School No.
Umnak Hmun /Address		Inn nambar)/Apt. No)		Inn konak /Home phone
Nauhak I SSN (optional) /Enter child's SSN (optional)		Himi nauhak in ngandammak aamakhannak a nei maw?/Does this child have health insurance? Nei /Y_____ Neilo/N_____		
Naauhak I siibawi le sii-khaan /Name of child's doctor/clinic		Konak nambar /Telephone No.	A nei asilen a tang in ziangmi khi asi hril aw /If yes, check the appropriate health insurance provider below <input type="checkbox"/> Atena/US Health Car <input type="checkbox"/> Health Partners <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Blue Cross <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Adang/Other	
Nauhak I ha siibawi le sii-khaan /Name of child's dentist/clinic		Konak nambar. /Telephone No.		
Thu poimawh tik i pehtlaih hmasa bik ding (Min kim) Nu le pa/Zohkhentu /First Emergency Contact (full name) Parent/Guardian	Nauhak thawn pehtlaih awk daan /Relationship to child	Sun caan I konak /Daytime phone	Cell Fawn/Cell phone	I-meel/Email Address
Thu poimawh tik I pehtlaih ding pa nih nak (Min kim) /Second Emergency Contact (full name)	Nauhak thawn pehtlaih awk daan /Relationship to child	Sun caan I konak /Daytime phone	Cell fawn /Cell phone	I-meel/Email Address
Thu poimawh tik I pehtlaih ding pathum nak (Min kim) /Third Emergency Contact (full name))	Nauhak thawn pehtlaih awk daan /Relationship to child	Sun caan I konak /Daytime phone	Cell fawn /Cell phone	I-meel/Email Address

Usefuu Andu / Please note

Nder nyamdede tojaboye maje lati “aYerdi”, usefuu kosa derewol ngol njarana hakkilinowo njamu bachchelmada hanko goro/debbo ngam hokkukima bolde de haadi nder ndemgal Nasarare. / If the answer to any of the following questions is “Yes”, please take this form to your child’s doctor and ask him/her to provide detailed information in English.

1. **Bachchelma debbo/gore don mari seude njamu kobo goddum ko damtata dum ko haadi jangirdeden andoya? / Does your daughter/son have any health needs or problems the school should know?**

_____Yerdi/Yes _____Seude Yerdal/No

To`a **YERDI**, usefuu tefu hakkilinowo njamu bachchelmada ngam hokkukima bolde de haadi nder ndemgal Nasarare/ If **YES**, please ask your child’s doctor to provide information in English

-
2. **Bachchelma debbo/gore medi ndartuki njamu mudum? / Does your daughter/son take any medication?**

_____Yerdi/Yes _____Seude Yerdal/No

To`a **YERDI**, usefuu tefu hakkilinowo njamu bachchelmada ngam hokkukima bolde de haadi nder ndemgal Nasarare / If **YES**, please ask your child’s doctor to provide information in English

-
3. **Bachchelma debbo/gore don mari haje ndartanti njamu mudum haa jangirde den? / Does your daughter/son need to take medication at school?**

_____Yerdi/Yes _____Seude Yerdal/No

To`a **YERDI**, usefuu tefu hakkilinowo njamu bachchelmada ngam hokkukima bolde de haadi nder ndemgal Nasarare / If **YES**, please ask your child’s doctor to provide information in English

Saaro/Hakkilinowo Sedore / Parent/Guardian Signature

Wakkatire / Date